

W. H. Moore, York, Penna.

Dea. H. H. H.

W. H. Moore

Lectures on Midwifery
by
Colin M'Kenzie M.D.

1773
8 Mss. by Wm. 1783
Lectures on Midwifery
by

Colin M'Kenzie M.D.

MS 2/0050-01

Acc. 1988-015

Samuel Smith

York Town
Pennsylvania.

Abstracts of Lectures
on the theory and practice
of Midwifery.
By ~~Coslin~~ Robert Aikenzie M.D.

LECTURE 1st or the Introduction
On the Rise & Progress of Midwifery
Among the ancient Surgeons this
branch was but little known cultivated
or practised. Hippie was promiscuously
practised by all sorts of people & Hippocrates
was the first who wrote on Midwifery, tho'
tis very uncertain whether he ever deliv-
ered, yet he has divided labours into
three (kinds) Classes somewhat like
the moderne. The first & natural, was
the head presents with the vertex to
the Os. Pubis & the sacro to the hollow
of the vacuum. In this case he advises
the woman to be delivered by the
natural pains, in w. he is followed by the
Modernes. — The second class he calls
preternatural, i.e. when any other part
presents, as the feet, arms breast
&c. here he advises that the
child be turned so that the head pre-
sents adding if the legs present & we
cannot get them back enough so
Cas

as to turn the Child, he would advise cutting off the legs & thighs as high as possible to make the Child shorter & fitter for turning but Celsus found this method inadvisable, as he could not always turn the Child so that the head would present therefore says if the feet present or any other part, we should endeavour to bring it along the vagina & deliver the Child. This method is ~~now~~ universally followed by the Moderns for we find if the Uterus be ever so much contracted ~~and~~ if we can get hold of the feet, the Child will be readily delivered.

The third, is when the head has lain a long time in the passage and sticks so fast, as not to be delivered by the natural pains in this case, best advisers opening the head, and to vacuate the Brains, so as to render the bones capable of lapsing over each other, by which means the head might more easily pass but this practice is intirely laid aside for we see by daily experience, that the head may lie in the passages many hours and yet the child be delivered alive, without the assistance of the Forceps - (but)

but if we find the head cannot be delivered on acc.
 of its largeness, or deformity of the Pelvis, by natu-
 ral pains and the woman almost sunk, we must
 endeavour to extract the head with the Forceps,
 if it is low down and not destroy the child,
 unless the mother's life is in danger without
 delivery, turning children in narrow pelvis
 - is truly laid aside, and I think with great
 propriety. The first hint of turning
 children was given by Moscion successor
 to Celsus. Pary was the first who propos-
 ed bringing down the feet in pretermat-
 Cases, his pupil Guillemeau was re-
 next, he made but few additions to his
 instructor's precepts - Mauriceau was
 the first who wrote a regular treatise on
 Midwifery his Lectures on Laborious
 Cases are worth reading - Chamberlain
 was a great practitioner in London co-tem-
 porary with Mauriceau in France, he
 boasted of a secret ^{by which} (that) he could deliver any
 woman, be her case ever so difficult -
 It is supposed his secret was the Forceps
 He was however disappointed in an
 attempt in France. He has translated
 Mauriceau

Mauricius's works into english wth some
 Observations of his own - Daxenter was
 the next, and is worth perusing if we don't
 mind his oblique cases, for he supposed wth
 the uterus was obliquely situate, the child's
 head could not be extracted, he recommends
 turning the Child & bringing it away by the
 feet - But I am of Opinion that if the Uterus
 is obliquely situate, the Child may notwith-
 standing be delivered the natural way & that
 the case seldom if ever requires turning
 Portall's flooding cases are worth our observat.
 Tomkins's Translation of Le Moine, are strong-
 ly recommended by some, Le Moine was cer-
 tainly a very good practitioner - Chapman
 published in 1703 & is the first who suppo-
 sed Chamberlain's secret was the forceps
 w^{ch} he published for the use of the public
 Burton is recommended but is full of theory
 Gifford in 1704 he is not to be followed in
 his laborious cases as he recommends
 great force to be used wth the forceps w^{ch}
 ought never to be used, his flooding cases
 are well wrote - Dr. Ould first discovered
 that the child came down wth one ear to
 the Pubis & the other to the Sacrum
 w^{ch}

5
which is the true presentation in all laborious
cases - The Ancients thought the face always
came down to the Vacuum, but we find in
preternatural Cases it sometimes does not
Smellie is the best practical Author for a
Man-Midwife & treats extremely well con-
cerning the application of the Forceps & has
made a great addition to Midwifery - He im-
proved on the forceps by using the short-
curved instead of the long ones before used -
but he is not wholly to be followed, as he in
some Cases recommends the forceps w^hen
the head is high up, w^h should never
be done - Mauriceau, Lec. Motte,
Portall on flooding Cases & Smellie are good Authors -

Lecture 2^d on the structure of the Pelvis

The pelvis is composed of the following bones -

Viz Os sacrum, coccygis and os innominata

The pelvis is more spacious in the females than in
Males, and we find in them the os coccygis is
more movable Smellie thinks it may be length-
ened two inches but I deny it, some have ima-
gined that the bones are capable of separating
from each other in laborious cases, This I think

6
- has happened but Doctor Hunter thinks not
the pelvis is broadest and most capacious in its
upper part. Its form is nearly cylindrical, its width
from side to side than from pubis to sacrum —
a well formed pelvis is from four to five inches
and about five or six from side to side, I remember
the case of a woman who had several Children
and easy Labour but as she advanced in years
was tormented with Rheumatism. after w.
she had 2 or 3 Children with difficulty so
that being with child again, all the practit-
ioners in Derby w. not say her, upon w.
Mr. Wright from undertakes to deliver her —
when she was in labour he attended & tho:
she had violent pains he could not get the
child down, ^{upon which} he sent for an assistant who
endeavoured to extract by opening the Head
but could not; at last by the blunt Hook, re-
tore the head off but could not extract the
body. The woman died & when she was
opened the Sacrum was found projecting
so near the pubis that there was but
an 1/2 Inch between them. We can never
judge of the dimensions of the pelvis
by the pubis but by the projection of
the

the vacuum, Davenport was the first who
took notice of y^e Axis of the pelvis, but
there is no common ~~axis~~, it is generally
downwards and backwards not according
to the axis of the Body, for if we were to
pass our finger in the direction of that
we would never find the Os. Since, by this
we may discern that the Forceps cannot
be applied till the Head is low down,
as we cannot incline the Handle far
enough back. Nothing more difficult
in laborious cases where the forceps
are to be applied than to know the situa-
tion of the Child, state of the Pelvis &
the true cause of Retardation w^{ch} is abso-
lutely necessary to a judicious applica-
tion of them - we should be always care-
ful to support the Perineum ^{well} with one
hand & press y^e Vertex rather than
force it out with the other for wth the
Tumour is formed by the child's Head
the Perineum is stretched very
thin & is easily lacerated if not
carefully supported - The women
Practitioners by generally using too
much

8
much force often lacerate the perinaeum, w^{ch} if
thro the sphincter ani frequently communicates
wth the Rectum, hence arise very tedious and
dreadful consequences. The Coccyx is never
any hindrance to delivery. W^{hen} the child enters
the Pelvis he will enter wth the head diagonally.
A crooked Spine will not always occasion
a distorted Pelvis. If the child can enter the
Pelvis's brim he will pass the Spine's Pro-
cess. In the Skeleton the two Os. Iliac join
the pubis but the articulation is not so
firm in women as in Men. The Os. Pubis
called by women the spine bone is situated
in the fore part of the Pelvis, & I think wth
the Uterus &c. lying in it renders it capable
of becoming larger. (i.e. wth by the Bones
giving way ^{in some degree} at their articulation.)
The Os. Sacrum forms the posterior part
where it is flat & reflected backwards,
it is well formed, w^{hen} it inclines forward,
& is turned upwards, tis ill formed. We
should never apply the forceps till the
head is below the symphysis Pubis, w^{hen}
you can feel the head by introducing
only 7

only the first joint of the finger, & then
you may be always sure of success.
The Child never passes in a straight
line but always in a curve, a Pelvis
of 2½ Inches will never be delivered at
full time — we should be cautious of pro-
curing stools till the danger is over, un-
less we suspect a large collection of
Fæces in y. Intestines, the patient being
then liable to catch cold — Bleeding is
always useful in the Pregnancy when
the pain of the head is violent, strong
Pulse and other symptoms of plethora
attending, but it is always necessary to con-
sider the state of the woman first as we would
wish to avoid this evacuation where the consti-
tution is considerably broken by having had
many Children &c. here keeping the Body
properly open.

10 of Genera
Lecture 3rd On the external Parts

The first part that presents is Mons Veneris w. is a fleshy prominence situated on the upper part of the Symphyse Pubis & is covered with hair - The two Labia begin from the Mons Ven. & are little more than the foldings of the skin w. a adipose Membrane. These are very vascular, as they wind down they become longer & broader decreasing gradually till they are insensibly lost in the perineum - They are subject to many diseases as Inflammations Tumors Echinomys Nuptures Dropsy &c. (I had a case where I was about to open the head with Vesicars, but it being swelled to an enormous size ^{burst} broke, & a large quantity of blood was lost w. I suppose came from the round Ligament) At the opening of the Labia just before the Symphyse Pubis is a large projection called Clitoris w. grows insensibly at its lower end is a protuberance called Glans Clitoridis over w. hangs a loose fold of skin distinguished by the name of Clitoridis preputium - The Clitoris seems at first sight analogous to the penis in Men except in size, but it does not stand straight when

when erected. and its Glands are drawn ¹² to-
wards its roots, neither has it any urethra or
Corpora Spongiosa, it has two crura w. run
curved to the Os pubis. The Erector Chitoridis
is somewhat similar to the Erector Penis. The
Crura press against y. Ischium in Coitus.
From y. Glands of Prostatitis Chitor. arise
the labia interna or clitoridis w. run down-
wards & are soft in Merisco. their use is to in-
crease the Orifice of the Vulva. The Meatus
Ureterialis lies at y. bottom of a smooth
surface, w. extends from the Gland Clito-
ridis just under the Uropygic Pili.
Vicegely discovered in women who have
had Children by the prostatitis, but
in those who had none & virgins it is
more inward under the Pubis so y.
we can scarce discern where the Orifice
is introducing the Catheter we must
place it under the Uropygic Pili &
by keeping in the middle of it we shall
soon slip it in at the Orifice and there
it should be stuck. In women w. child
we should remember y. y. direction
of the urethra is upward. The Hymen
w. is the internal doubling of the skin
is next & situated about an inch upward
in the Vagina & forms a kind of half
Moon it is only to be seen in virgins.

12.
Vagina but when ruptured we can easily discover the place of the Situation, as it forms the Caruncula Myrtiformis, from thence begins the Os. Paternum - from the Vagina to the Nymen the parts are smooth, but beyond them rough and irregular the vagina within being contracted. The Labia are connected by a thin expansion called the Perineum, it is commonly lacerated in Labour, but that is of little consequence if we can prevent the Perineum from being torn. The Clitoris project sometimes beyond y. Labia externa but in Labour the Preputia are lost and they seem to surround the Head like a connecting Membrane. The situation of the internal Parts - The uterus lies between the Bladder & the Rectum (w. last is almost in contact w. it) in a curved Direction. It is situate in y. pelvis almost in the centre of the body, with its Fundus lying loose in the Vertebrae Lumborum or Sacrum - According to Whistler this situation tilts the Os. Tinea upwards to the Pubis but I think it affects it very little. - Some imagine that the uterus lies on the side of the Pelvis, and thereby occasions an obliquity of the Os. Tinea, but I think it obliquity does not affect the Os. Tinea as it

as it is generally in its natural Situation or ¹³
if oblique it proceeds from some other ^{prior} cause, the
general situation of the Uterus is ^{as it is} ^{in its} ^{natural}
situation. The Ligaments of the Uterus are
all reflections of the Peritoneum, & are connec-
ted anteriorly to the Bladder (hence w^{ch} the uterus
is injured the Bladder often suffers) & posteri-
orly at y^e Vagina to the Rectum, w^{ch} as
the Arm is in y^e Centre of the Pelvis you
might pass y^e finger up y^e Rectum to discov-
er the state of the Uterus, but this ought not
be attempted in private Practice, lest you
displease y^e Patient. The Fallopian Tubes
come out at y^e fundus w^{ch} y^e Uterus is pregnant
but w^{ch} it is expanded by y^e largeness of y^e Child
they come out at the Middle: the Tube runs
thro' a broad Ligament full of Rugs, in a ser-
pentine Manner, and ends in a jagged Ex-
tremity called *Morphus Diaboli*. Just behind
these are the Ovaries situate, w^{ch} are gras-
ped by y^e *Morphus Diaboli* when enlarged,
hence there is a free Passage from the U-
terus to the Ovaries. At Sometimes hap-
pens y^e the Fallopian Tubes are imperfo-
rated, this always causes Sterility. we
must in examining women be cautious
of giving

14
of giving our opinion, especially in matters
of Life & Death, as if uterus the first 3 or 4
Months is but little expanded, nor can we
then discover the Child by its weight, as
the uterus may be pressed down by wind
&c. in such cases you should in all position,
introduce y^r finger up y^r Rectum. The
Menses proceed from y^e vessels of the
uterus & not from ^{these} y^e Vaginae alone as
some have thought, I think it is clear
they come from both as they flow during
the whole time of Conception. The
Reasons why they come down without
Rapidity is owing to the circulations
of the vessels - It is supposed y^e Animals
that have no valves in y^e uterine vessels
are subject to this Periodical Flux. The
causes are differently accounted for by
Authors. Some think the Moon has
some influence to cause it, but this is
certainly wrong, else all women ^{would} have
it at the same time, which daily experi-
ence shows to the contrary, others imagine that
those from fermentation, but it is now allowed
that it proceeds from a Plethora, as before
that evacuation there are all the symptoms of
one. (The

The reason why men have not this flux, is that they
are stronger and more robust, and have their
fibres much more elastic, and of consequence
perspire more. but they ~~seem~~ we see men who
lead sedentary lives, and are of a lax habit
have periodical evacuations, either by stool
urine or Hemorrhoids, &c, a gentleman who
had a periodical bleeding from his thumb. which
being stopped brought on a hæmoptoe
bleeding in the first three or four months often
prevents abortions. The use of the flux are
according to Galen to nourish the fetus and
maintain Health.

Lecture 4.th On the gravid Uterus
 The Ovary is supposed to pass from the
 Ovarium to the Fallopian tube to the Uterus
 where gradually swelling to the point
 of implantment it receives from the fluid
 it first swims in. it throws out little
 vessels, and is attached to one part or
 other of the Uterus, as it dilates and
 increases in size. The figure of the
 Uterus varies according to the time
 of gestation & the position of the body of
 the foetus Placenta &c. The first change
 is its becoming round, then it general-
 ly increases in Magnitude from begin^g
 to end (the Ovum & Decidua & Integ^{ra})
 as pregnancy advances. Ruyssch sup-
 poseth the placenta fixed at the junction
 between the Fallopian tube upon a par-
 ticular part which he imagined had a distinct plan
 of muscular fibres, by whose contracting
 the placenta was expelled. But this
 appearance of particular fibres do not
 seem to exist. we however find by experience
 that the ovum may adhere to any part
 of the Uterus either its inner back part
 or even its Intermum therefore as it is
 fixed to the Collium Uteri it is thought
 (that)

that the Dilatation begins there, but 17
according to Knyssch the fundus is thick-
er & capable of Distention and has a great
number of vessels intimate about it, we
seem to demonstrate that y^e Dilatation
begins at y^e fundus. In the early
Months the fetus hath no proportion
in size to the Membranes Placenta &c
in the father quite the reverse, they bearing
no proportion to the fetus rather diminishing
than encreasing the growth thereof. In the
3^d & 4th month of pregnancy we can
not ascertain whether the woman is preg-
nant or not even by y^e touch for in this
time y^e U. V. & Uterus undergo but
little change. I therefore advise (if you are
called to this point) to be very cautious
in giving your opinion & to avoid examina-
ing by y^e touch if we can, for if we examine
they will generally want to know our ven-
timents, & we are liable to be deceived by the
pressure we may feel by the Intestines be-
ing inflated as they often are. A large spleen
or liver may press on y^e uterus so as
to deceive you. therefore in these
early Months we consulted we should
try to satisfy them wth some ambiguity

ambiguous and in order to have some
 little thing to amuse them a month or two
 longer, we if required we may be able
 to satisfy them by examination for abt.
 y. 6th months the uterus is above the
 Os pubis to be felt like a hard tumor &
 the pressure on the inferior Segment
 of the Uterus becomes very sensible
 between y. 4th & 5th in this
 state we may be sure she is w. Child.
 In y. 7th month y. pressure is more confi-
 derable in the O. still more. The Os tinca
 becomes shorter & softer. In the 9th
 is worn away so much sometimes as
 not to be felt without difficulty, scarce
 distinguishing it from the Uterus
 but by going round gently w. y. fin-
 ger and bending it a little we
 shall find it in a small orifice by
 w. to know. These appearances
 happen in women of their first Child
 but in those who have had several y.
 Os tinca is commonly long soft and
 flabby. w. y. tumor as in y. moves
 w. may pronounce the woman in
 her 7th month. half way between the
 6th & 7th months. Os tinca is at an equal

equal distention of the α Boomen & γ . Os.
tince worn away with the considerable
soft & high up we may conclude she is
at her full time especially in little & great
women. In tall stately women the Tu-
mor is as high up as γ . Os. oblicum Cordis
and they carry their Bellies soft a long
time. The Uterus continues much of the
same thickness throughout pregnancy but
is more (flabby) spongy w. is owing to γ . Vessels
becoming larger and containing a larger q.
of fluids. the Uterus is more fixed in women
of their first Child w. their borders upright
this causing to the parietes of α Boomen
being more firm & not giving way. In
some who have had many children, the
Parietes becoming greatly relaxed, γ . Uter-
us will be pendulous, γ . fundus hanging
over γ . pubis w. γ . Os. tince tilted back w. to
to γ . Os. Vaginum. In some γ . Uterus will
have great enclination to one or other side
of γ . Abdomen. This obliquity was first taken
notice of by Daxenter, who says it retards
the labour & directs the Child to be turned
but I have observed γ . the oblique situation
of γ . Uterus is of no great moment to
the Os. tince, for as γ . Head falls down
on the inferior segment, the γ . tince
(will

90
will dilate very well if the chile be delivered
the natural way, the figure is more or
less conical not unlike a glass Bottle, &c.
Structure of it is Muscular as appears
from boiling. It has numerous Veins
& Lymphatics. The Arteries and veins grow
larger as the uterus encreases in Pregnancy, &
terminate in the Placenta the Orifices of the
Arteries are paralel to the Sinuses in the Placenta
and by that means maintain a communication
with one another, this has lately been discovered
by injecting a gravid uterus, it appeared in the
dissecting a woman who died with twins, that
the Arteries centered in the Placenta, - and ramified
into several tubes, which deposite their contents in
cells and do not Anastomose, the blood is supposed
to be absorbed by the veins to be carried to the fetus
thus a circulation is carried on by the Mother and
Child, the fetus as it swims in the water is sur-
rounded by the amnios which is a strong transparent
Membrane and which give the resistance in break-
ing them next it is surrounded by the true Cho-
rion which is a connecting membrane, be-
tween the ovum and uterus the Placenta
and Membranes, The Placenta is of a soft
spongy substance with a congeries of blood vessels,
it separates first in the middle, and adheres firm-
ly all round the edges as the Ovary is the best &
(strongest)

strongest round the edges, The Funus is composed of three vessels, viz two arteries and a vein. the Arteries are small the vein is large, these are covered with a continuation of the membrane Amnion. This by maceration may be separated from the funis, about two inches from the navel and seems to go no further, when funis falls off it separates about the ring. Tho it is supposed to form the epididymis of the child in some the funis is like a jelly which as it is easily distinguished by the feel should be minded lest in tying the ligature too tight we divide it. The length of the funis is various when very long it is apt to get round the child's neck and retard the labour, it is sometimes inserted into the edge of the placenta, at others into the Centre. The placenta is subject to diseases, as Schirrus Hydapides which last appear like bunches of grapes on conception and touching the signs of virginity are very uncertain and there has been instances where a person has been pregnant, and the hymen not ruptured. Signs of conception are many tho all fallacious, the four principal are Sickness. Suppression of the Menstris encrease of the Uterus & motion of the Fetus itself. There are many others, but they cannot be depended on, the Menstris

may flow in the first & early months, but it is from the Collicum Uteri. Hippocrates has a good aphorism where he says, "If the menses are suppressed without any apparent Cause & the person continues in good health I conclude she is pregnant." The swelling of the Mammae follows that of the Uterus & their colour is changed from red to a dirty brown. In Dropsical cases, the Mammae waste & become flabby w^h is contrary to the pregnant state. For the first month we can not discover any tumor about the belly about the 4th or 5th month y^e Child begins to move. Touching was first introduced into practice by Dacenter this is very usefull in Midwifery to know the contents of the Uterus, the state of the Os Tincæ &c. In the early months we are all a loss to know whether there is any thing contain-
ed in the Uterus or not, we ought to avoid giving judgement for the present but prescribe some internal Medicine, and not be fond of Touching as tis impossible to be certain till about the 6th month or later & be particularly careful in cases of life & death or Virginity not to give our sentiments but on the right side if possible - w^h the tumor
(is


(23)

is perceptible about the Os. pubis, w^{ch} is
pressure between it and the os. uterine, we say
the woman is about 5 months gone. The belly
in young women is more distended about
the 6th Month than in yth. The Os. pubis
when in the 4th Mo. is long, in the 7th short
in the 8th very short & flabby. In the three
or four last months it will tilt backwards. In yth
wth 4 mo. the tumor will be great on the Pubis
say. it's difficult to say whether tis to this
side or the other. Afterwards it gets up on
the right gradually rising till it is at the
lower part of the right lobe of the liver.
The Intestines finding themselves oppressed
will naturally slide where there is most
room & consequently take up the left part of
the abdomen. The figure of the uterus
in the 9th Month is coniform or pyriform. In
the 8th or 7th Mo. the uterus will fall lower
down in yth. Pelvis, say. tis common to hear
women say they are grown less. The
uterus is bigger from side to side than
from before backwards. It is amazing
to think wth the Head presents, what a tumor
is in the Pelvis — The

The ~~app~~ ^{fact} ^{Nancy} ^{hoar} ~~pression~~ ^{fact} that it makes on the Bladder is very tedious, & often brings on a sup-
pression of urine. The Lungs of a fat man are
always in a collapsed state. There is no
communication of vessels between the Uterus
and Placenta. The Fetus is nourished by the
navel string & not by the Mouth, as we have
frequent instances of women having children
without Placenta, but I never heard of one born
without a Funiculus. Women may be exam-
ined either standing, leaning against a
Chair or lying on either side. In this
manner, after anointing the forefinger of
your right hand if she lies on her left
side (et vice versa) you introduce it accord-
ing to the axis of the vagina, gently feeling for
the Os Tincæ. Sometimes you'll feel it in
the centre & sometimes on one side. After
examining the state of the Os Tincæ, exam-
ine the tumor in the Abdomen. To be able
to feel the pressure on the Rectum, the fin-
ger must be introduced a great way. But this
is so disagreeable that the patient will
scarcely suffer it.

Lect. 5

LECTURE 5 On the Symptoms attending

In general the poor people we attend are those who use much exercise and have seldom any particular symptom. In the first months of pregnancy, the Symptoms are generally vomiting, loss of appetite, nausea, faintings, palpitations, Vertigo, pain in Stomach, Reins & Breast, Head & Teeth, also shortness of breath, Diarrhoea & constipation, all which depend on the new Situation and stopping of the Menstrues, they go off about the fourth month and sometimes later. Besides these there is difficulty of making Urine and a frequent desire thereof & a Tenebrosus Haemorrhoids, Varices, swelled legs & thigh, a general tumefaction of y^e Vessels. Labia pudendi prolapsus, Convulsions &c. The first vomiting comes on when the Ovary gets into y^e Uterus. It adheres to some part of it and  extends it, there is then a requiritation of y^e blood from which a Plethora ensues; y^e distending Uterus presses on y^e viscera & nerves of Stomach.

Wm. Jamison (being)

being supplied w. nerves from the
neighbouring Viscera suffers from the
pressure and brings on vomiting. In
such a plethora R. V. is prescribed to
unload the vessels except in relaxed
habits, after it will be proper to keep the
body open with q. of Sen. Elect. Raking
in the morning is as natural as a big
belly itself, therefore, if it continues
obstinate, after R. V. Glysters and gen-
tle laxatives ^{may} be given, & Emetic
Cathartics are ~~very~~ ^{may} proper, Purgatives
are seldom prescribed & Emetics are
sometimes serviceable, an instance
of w. I remember when quinary Ipecaco-
were exhibited successfully many Morn-
ings, but abortion is often produced
thereby - Shortness of Breath is not a
common Symptom in the early months.
A Cough is a very troublesome & very
difficult to remove, if it is violent
Bleeding is proper & sh. be done in time.
The body to be kept open with Elect.
Sen. - Soft attenuating medicines &
Opiates to procure rest & obtund. Acrimo-
(none)

27
nious particles of the Bronchia & lungs.
Incontinence & suppression of Urine - the
latter most common from the pressure of
the uterus on the neck of the bladder.
The former from its pressure on the ure-
ters - Swelling of the Legs & Thighs & Pa-
tice pudendi happen chiefly to weakly
women. Here gentle exercise and occa-
sionally confining them to bed a few days
& keeping the body open will suffice.
but in women of strong robust constitution
the treatment must be different. If Pletho-
ra Ves. & Lacottides must be used. Scarifi-
cations of the Thighs are sometimes needful
if attended with a Diarrhoea or Dropsy, & treat-
ment must be according; when from excessive
confining them from their usual labour
will sometimes be sufficient. Hemorrhoids
will be are very troublesome. As they
are painful bleed & give gentle aperients
as Len. Pect. Lac. Collyri. Cal with Erem.
Tart. & let the patient lay quiet as much
as possible. In the soft it will be proper
to open with a lancet, in the hard with
leeches to discharge the contents. If you
open them by any of these means you must
stay with the patient till you are sure
the Hemorrhage is stopped. I remember
a case

I remember a Case where the bleeding continued, and the patient finding the matter was thought she was bleeding to Death - Fright &c of this kind may occasion abortion, therefore we ought at all times to be on our guards - Nausea & vomiting are generally relieved by U.S. regulating the Morbids &c. Whatever Clysters & Cathartics we give ought to be of the mildest kind, & we should be very cautious in giving the mildest Emmetics for should an abortion happen some Days after they will seldom fail of confusing you. It is usual for women to bleed at certain periods in the early Months. In plethoric habits proper - but in weak, relaxed ones, be sparing. In dropsies of the Uterus & the Uterus Pregnancy often cures them; & an umbilical Hernia is removed by a distention of the Uterus. The causes of abortion are numerous, The principal are bleedings which are caused by Blows, hurts & frights, but most commonly by a separation of some portion of the Placenta especially where it adheres to the Os internum. Those from Blows ensue from injury immediately & may prove mortal if not taken in time. Bleedings that cause abortion in the

the early months are seldom mortal. 29
Worries in these cases are much to blame in
not sending for proper persons, but trust too much
in the Midwife, at first it being only a fever,
she suffers it to go on and only sends for
a Midwife, who upon examining finds nothing
material, tells her nothing can be done by
it will be of no consequence, & so leaves her en-
couraged by us she is satisfied and goes abt.
her usual employment till she is again alarmed
by its return & at last sends for a Gentleman
of the faculty who perhaps is too late, and
nothing but miscarriage will relieve her, when
asked she sent in time, very probably by
confining herself to her bed & some few
Medicines exhibited, the vessels w^d have
been able sufficiently to contract themselves
& the woman gone to her full time. If blood
ingoes on till the Os Tince is much relax-
ed then there is danger as there is great
weakness. No certain time can be laid down
therefore it behooves us to consider
the most rational. We shall reduce the follow-
ing cases under these three Heads. 1st whether
forcible delivery is proper. 2^d whether the
labour pains are to be encouraged or produced
and 3^d whether ^{ought} birth should not to be
suffered

Suffered to go on. Forceful delivery is not proper, a medium is to be observed as most desirable. Maurician observes where there are some pains in the uterus, he would endeavour to bring on the labour, & there will be some hopes of the uterus contracting and consequently of the flooding being stopped. The great point is to consider the state of the woman, & the state of the parts & the quantity of blood lost. This being premised & delivery thought proper, the child should not be taken away too suddenly but requires 15 or 20 minutes of more, supplying the woman with Calves Gallie &c. & pressing on the abdomen at the same time.

Chapman Gifford & Maurician have several good cases in flooding worth perusing. If called in time bleed the patient if not omit it as it answers no other end & prevent- ing its being discharged ab utero, Pressure and the horizontal position are advisable and sometimes sufficient in the early months. Laxatives must not be omitted. If there is a plethora & it may be repeated. In the Medical Essays Ag. Hypt. & Rosar. a min. acid are pr. to be given w. success. The Cort. is also recommended but can-
(not)

not say I have ^{Many} ~~seen~~ ^{known} only good effects from these ³¹
but when the flooding has been considerable
or of long duration, they amuse the patient
and gain time (w. is a great matter) If
you can amuse them till the Distence is
soft (the woman be not at the same time
reduced) as by gentle dilation to admit of
two fingers, you may get the small
end of the blunt hook, so as to bring it
down w. must be extracted if possible
The blunt hook may be used with safety
but must not be used at random as it may
lacerate the Ovary & leave part behind
When y. ovum & placenta lie on the in-
feriour Segment of the Uterus touch
achord & never offer to extract till the
Distence is above unless there are press.
Symptoms. - Flooding stops by coagu-
lum stopping up y. mouths of y. vessels
If y. flooding returns the coagulum is
expelled w. separates greater portions
of the placenta - is a disagreeable circum-
stance. - When this happens it cannot
be supposed that medicines have the pow-
er of gluing the Placenta again to the
Uterus

Uterus, yet notwithstanding this they sh^d
 not be omitted I have experienced their good
 effects - If flooding is brought on by a fever,
 the astringent clasp will be highly improper,
 we should remove the fever. Antiphlo-
 gistic Medicines moderately given will
 be of service, the Application of Blister
 will endanger Abortion, Opisther
 sometimes succeed in floodings. Con-
 sult Gifford & Portall who are very
 exact in relating these Cases. In the
 early months avoid using much force
 as it is of the utmost consequence.
 Liversette advises the forceps to extract
 the Ovary. Some other practice is different
 Hoffman advises a Plug of tow dipt in a
 solut. vitri. alb. & introduced into the Vagina
 to restrain y^e Hemorrhage, but as few
 women will submit to it, tis of great
 consequence & seldom used, I have used it
 and thought it succeeded, but in one Case
 it adhered so close, I could not remove it.
 It became very uneasy to the patient
 causing much pain & inflammation, but
 came away the third Day w^t y^e Ovary.
 In floods

33

In floodings in the last 4 Months we should endeavour to let it go on to the full time if possible, as miscarriages are then of the utmost importance. Maurician has succeeded in these Cases by Mott. U.S. &c. Where the flooding has gone on long & become violent, it is a dangerous case & the patient frequently dies tho' she is delivered. If the flooding encreases the pains come on regularly, the Os. Tince, dilating & the Membrane protruding, it is the best Practice to break them w^{ch} stops the flooding by giving room for the Uterus to contract, the Blood will by this mean be forced down into the Pelvis & be delivered by y^e natural Pains, If y^e flooding continues with sinking Pulse, fainting &c we must proceed to forcible delivery. In curvilinear Cases if the patient is sensible in y^e interstake, Fits short and don't return quick, Patient quiet betwixt & not much spent wth the dilatation of y^e Os. Tince - but if y^e reverse, foaming at y^e Mouth great oppression stupidity & y^e Os. Tince not dilated, but soft, you must dilate it gently by introducing (one

One finger after another extract the
 contents, first remembering to state the case
 to her friends that sh. she die under your
 hands or soon after they may not blame
 you undeservedly. when fits come on they
 generally prove mortal. Floodings
 from hurts are more rapid & from
 other causes Le. Motte well relates
 cases of it. In y. Luce Venereux the
 best time for evacuating is from the 4th to
 the 7th Month, as the woman would be
 liable to abortion in the earlier months &
 later she would not have time to recover
 before delivery, The Fetus in the 4th
 Month takes up the superfluous blood,
 so that the woman loses all her symptoms.

At first there is more blood than the fe-
 tus can take up, during the middle quar-
 ter the woman remains easy, but after-
 wards the pressure on different parts
 will bring on new symptoms. The long-
 ing when it is not unreasonable may be
 indulged. The Air during pregnancy
 is of great service. Women who live
 high should be well regulated in their Non-
 naturals. Exercise will be very necessary
 (Working)

Working People have commonly easy labours³⁵.
Ladies who have carriages & ride out every day
for the most part do well, so that we find excess
is of y^e utmost importance. - A Lady who was
at y^e Borough Assembly was delivered of a fine Child
& in a day or two after of another about the
size of y^e Finger, owing (most likely) to y^e few
People that are always at home should use
Evacuations & live low - Stomachs may use too
much exercise, whence swellings of y^e Legs
Thighs &c. In swellings we should be care-
ful how we break y^e skin, as bad consequen-
ces may ensue. It has been customary to
bleed about the 3^d time, the Menstrues should
return but if indicated may be done at any o-
ther time. A woman that is fearful of bleed-
ing if she sits in a chair will faint w^{ch} will en-
danger the contents uteri. - but the Horizon-
tal position taking about 2j at a time, & stop-
ping y^e orifice with y^e thumb will (giving
her broth) sometimes prevent it. The preg-
nant Haemorrhoea will go on without pain.
It prevents a plethora & should not be stop-
ped. Shortness of breath will be relieved as
the Fetus grows. The difficulty of making
urine must be prom^{tly} measure of y^e Child's
head, if too great it must be drawn off by all
means (The

The Hemorrhoids are troublesome, to relieve
them the body sh^d. be kept moderately open, but
they are not to be cured till after delivery, nei-
ther are the Varices. Prolapsus is of no
great consequence during Pregnancy & deli-
very. A particular case of prolapsus is given
by M^r. Antrophus of Liverpool, he says
the operator was sent for & on entering the
Room found the Uterus on the Bed, after
a little while the Orifice began to open, the
Uterus returned of itself into y^e Vagina,
but afterwards paine coming on it was for-
ced out again & afterwards returned. The
floodings of the first Mo^o are of no consequence &
Forcible delivery is only necessary in the
7th 8th & 9th Mo^o. Plethora is the general
cause of all these Symptoms & this evident
if V. is of service, again Head-ache short-
ness of breath Cramps &c. A purging coming
on, you would expect to relieve it, this will
occasion a short Pulse so that you cannot
bleed; Head-ache & Vomiting are both reliev-
ed by bleeding. Prolapsus will be cured in
the 7th Month by y^e dilatation of y^e Uterus. In
floodings of the last Month, when the Orifice is
open at the size of a Shilling or between y^e 4th & 1/2
a Crown you should certainly deliver
When

a carriage, an excellent exercise, going to
 Head - Groso birth is, Transverse position,
 are 60 to 1000 - when the pains are re-
 gular, proper & intermittent, they're then
 called true labor pains - If the Os Tinea
 is inflamed & becomes dry instead of moist
 &c. we are then to attend to y^e inflammation
 & not to the labor, by V.S. Rubrifuges, cool-
 ing Diluents &c. very difficult to distinguish
 a quick Pulse from y^e inflammatory one,
 tho' ^{absolutely} necessary (thundering Pains)
 if there are pains w^out dilatation, we
 must ease them, y^e woman should never
 go out of her Chamber to the Vault.

The best Time for touching is in the Morn.
 (erect position) Pregnant women predis-
 posed to some diseases, after y^e Orgasme,
 Slight rigor obstructed menses, sick on ris-
 ing out of bed / sensible signs are known
 by the touch, force the uterus down
 by pressing y^e Abdomen

Lect. 6

39

Lecture 6th On natural Labour

The Uterus is composed of muscular fibres running in a circular & longitudinal Direction. The Ovarium in the last mo. of Pregnancy presses on the inferior segment of the Uterus w. puts the fibres on the stretch & causes a contraction of it & bearing down of the Vagina. the waters descend & the Fundus is left empty, thence the Stimulus causes a general contraction. The Os. Tince becomes thin & dilated & y. labor pains are produced. Why labours come on at y. end of 9 Mo. is not ascertained. The antecedent & approaching signs of labor are in y. 8th & 9th Mo. first a Whiter w. flows in great quantities from the Genitals & resembles the Fluor albus. It serves to lubricate the Parts & prepare them for Dilatation. The next are the prefiging Pains w. are divided into true & spurious. The true are the evacuations by stool & urine, falling down of the Belly Pains of the Loins bearing round to the Pelvis down to y. Os sacrum & Haunches, sickness & Heaving. The Uterus begins forcibly to contract. The Os. Tince overcome by the pain & pressure begins to dilate & the Membranes rupture w. y. waters. W. the pains go off the membranes retire & the Head is
(more)

40
more perceptibly felt. Wⁿ. then p^ains be-
come strong with short intervals & the Muc-
cus comes down tinged with Blood (w^h. is cal-
led the shews) with the countenance full
tremor &c. then we may be sure the p^ains
are coming on. If we go away, the wo-
man may be delivered soon after our departure
& we be ridiculed, tis therefore indispensibly
necessary to distinguish carefully the true
from false p^ains, & not leave the patient
till all is over unless you're certain there is
no labor coming on. Wⁿ we can perceive the
red mucus, tis a sure sign the woman will
soon be delivered, sometimes there is a false water
that breaks some weeks before the labor. For pueris
Women are not delivered as easy as others, nor
the Muscular as the delicate & lean. Distorted
Women tho' they've good Pelvis's are always in
danger & difficult to deliver. A first Child not so
easy as a 2. or 3. nor will a woman who has
slight p^ains be so easily delivered as one
who has greater. - Women are generally
delivered lying on the left side in bed, be-
cause when a p^ain comes on they readily
compress the person next them against their
Thorax w^h. makes it pass by pressing w^h. of
feet against the Bed post, the muscles of
the

the abdomens become firm & the Head of the Child bearing down on the Pelvis makes them better able to suffer their Pains. Labors are divided into natural, meter, natural & lingering. The age that contribute best is between youth & advanced years for the parts in old People, become more rigid. Those who've had several children are more liable to after pains than those of the first Child. The uterus becomes more weak by freq. distention & less capable of contracting so as forcibly to expel its contents such as coagulum of Blood &c. A putrid Child will come away easy but they are very tedious. In these Cases women generally undergo a putrid Fever.

Hippocrates supposes y^t Women who have large quantities of fat about the Os Internum were barren, but experience shows us that they bear Children & have easy labours, for in them the abdominal muscles are weak & so contraction is caused but then the Os Tince, also in proportion.

(Lecture 7th)

Lecture 7. On the Management of Nat. Labor.
 For the different positions of woman in labor, see
 Vinet's, the english method is best. In laborious
 Cases the Positions sh^d. be changed p. v. n. from
 one side to the other to get up & walk to re-
 lieve the parts that are fatigued. In Natur-
 al cases, the less we do the better, all that
 we have to do is to support well the Perineum
 sometimes one arm or both will come down
 along the side of the Head. When the Funis
 is round the neck it is said to retard Labor much
 from its supposed shortness but if tied two or
 three times round the neck it is always
 long in proportion & is therefore no obstacle to
 delivery. Ould recommence when the Fu-
 nis is about the neck to introduce two Fin-
 gers into the arm of the Child & before the
 pain is going off to make a Pressure on its
 forehead at the Root of the Nose by this
 means the Child will be prevented from
 returning back but be detained till the
 next pain comes on, & as the Head comes
 down lower w. y. pains, the Pressure is
 to be renewed to force it lower, w. y. will
 turn it out tho' the Funis is about its
 neck for as the Uterus contracts as the
 head advances, consequently the Placenta
 is

is moved lower to the Collium Uteri. 43
This practice is also enforced by Vmeslie but I believe the
least done is best, for so much pressure in y. Rec-
tum on the Child's face will be liable to cause an
Inflammation of those soft parts with other bad
symptoms. The Child may likewise be so affect-
ed by the pressure as to lose his sight, an instance
of which happened to one of Vmeslie's pupils
who followed their practice, w^h the Child was born
its face was black from the pressure, & its
sight lost. The Os Tincæ being hard & retarded labour
Vmeslie here advises scraping w^h I am entirely
against. The best practice is to give Clysters
Cathartic & enema's w^h to promote rest & the less
frequent to examine the better. Scraping
only tends to thicken the Os Tincæ, & therefore
should never be used but where the part readi-
ly gives way. Scraping is also advised to people
in years, here tis very improper for they re-
quire to be treated w^h a greatest tenderness & delicacy.
Sometimes the membranes will retard the labor. When
ever they protrude, the Os Tincæ sufficiently opened
& they regularly come down into the Vagina during
the Pains & continue there an Hour or two, I never
hesitate breaking them w^h is easily done by pinch-
ing or scarifying. Now there's a large q^{ty} of matters
the Uterus cannot forcibly contract, as when
(these

AA

these are smaller, for they may retard the labour
But we must not make it a general Rule, to
break the membranes for the Women expect to
see the child soon after, & if they're disappointed
we are perhaps censured. A Pelvis not a-
bove 2 3/4 inches will retard the labor of the Child
cannot be delivered alive. Inflammatory tumor
on the neck of the Womb will ^{prevent} retard labour
Tumor & inflammation of the Bladder will retard
labor & interrupt it. natural Pains, for w.
reasons you ought to be careful of. Bladder
does not by introducing the Catheter &
Excoriations of the Genitals if the be taken care
of & the Woman kept as dry as possible
Women are able to distinguish different
Symptoms as well as men. The great
difficulty is to distinguish the quick Pulse
in labor from the inflammatory. Eruptions
of the Os. Tineæ or any other Part will retard
labor. A prolapsus Uteri will ~~prevent~~ pre-
vent labor. The Orifices of the Womb con-
tracting on the Child's shoulders will pre-
vent it sometime. The Funis coming
down before the Child will obstruct and is
sometimes dangerous, because being com-
pressed the Child dies, circulation being stop'd
The Hydrocephalus is another obstructing
cause. (The

The Symptom of a dead Child is the (45)
Meconium coming away first. Miscarriages
are productive of difficult Labors. The large
Head will cause obstructions, and always
presents with the left Parietal bone to
the finger instead of the Vertex. When y.
Child comes down with one ear to the Pubis
& the other to the Sacrum or Diagonally, it
will be proper to introduce the forceps.
In the face presentation we never now use
the forceps, but leave it entirely to Nature.
The ear case is very rare. I never met with it.
Stimulatives & unctuous Medicines are
now laid aside. Gentle stools are often neces-
sary in the beginning of Labors. We never
apply the Forceps in narrow Pelvis.
When the head comes down within the Pel-
vis, it presses upon the Os. Tince & dilates
it. The head comes down first into the
Axis of the Uterus & Pelvis. When in the
Passage, according to the Axis Vaginae.
The chief care is to support the Perineum
w. by the tumor is extended 2. or 3. Inches
but in its Natural state does not extend
1 1/2 Inch. Os. Mell recommends the Hand
to be applied from the Anus, over all the
Labia pudenda; but this measure is
often ineffectual & the Perineum suffers
(by it)

46 by it. We find by experience y^t the best
way to support the Perineum well with
one hand from the Os Coccygis to the Margin
of the Vulva & make a cup with the thumb
& fingers of the other hand to receive the head of
the Child as it comes out by w^{ch} means it
comes more gradually & you may likewise coun-
teract the pressure. If y^e Perineum should be
lacerated $\frac{1}{2}$ or $\frac{3}{4}$ an Inch it may do well by thest
& keeping the Legs close together but if y^e lacer-
ation is greater, tis of bad consequence, as the
Patient must be unable to retain her Urine
& Feces, & if it extends so far as to divide
the Sphincter Lin^g. Therefore we should act wth
the greatest care for such circumstances are
indisagreeable, y^t they may occasion a great
Disgrace. Now the Perineum suffers only a
little the woman complains of a smarting
Pain in making water, for w^{ch} the Nurses
apologize saying tis owing to y^e green water
passing off, which easily satisfies them tho in
reality tis y^e Urine. Here twill be needful
y^t to anoint the Part wth Pomatum, or apply a
cloth beamed wth it. The next thing to be done
after the delivery of y^e Child is to make a sig-
ture on the Femur, in doing which if the Fluid
is of a soft and gelatinous Substance apply
Lying it to

tying it too tight, lest you divide it. If you
should in a hurry cut above the Ligation or
an Hemorrhage ensue from its not being sufficiently
tight or any other accident follow you must never
appear confused but have an apology ready. In
all Natural labors after delivery of the child,
we ought to examine the belly before we extract
the Placenta for if there be twins (as the Placenta
sometimes form bridge like) the pulling at
one might separate the other, & the consequence
might be a profuse flooding w. w. endanger both
lives (Mother & Child). If you can perceive the uter-
us contracting like a hard ball & descending to-
wards of Pubis you may then be certain there is
no other Child, and you may in a quarter of an
Hour or little more by gently pulling at the
Funicle & moving it in all directions, endeavour
at the expulsion at the time there are pains,
But in some Cases where the patient is of a
weak lax constitution, & has a remarkable
broad belly & upon examination you shall
not find the uterus contract at all, but rem-
ain quite soft, it would be best to wait till
the uterus begin to contract, before you attempt
bringing away the Placenta for should they
(Hand

48 They be introduced & the Mice nta. separated
before the Uterus contracts & the funis
might remain open & a violent Hemorrhage
might happen & a fatal suppurc ensue. If
upon examining y^e belly after delivery, you
find a large tumor as high as the Navel or
higher & unequal, so as we have reason to
suspect there's another child (tho we're
not certain) we must ~~the~~ ^{in this case} introduce a finger w. will gene-
rally meet with a fresh bag of waters, but if
the finger be insufficient we must introduce the
hand tho tis much better to ascertain the
Case by the finger, if possible as it gives less
Pain. If you sh^d find that there is a 2^d Child
& that it presents right if the woman has
not been too much fatigued by y^e first
Nature will generally be sufficient to deliver it
as well as the former, but if it does not ad-
vance after waiting a quarter of an hour & the
Woman has no pains, I think it best to turn
her to the Child, as y^e friends are very impa-
tient for the delivery of the second. There have
been instances, where the labor has been
hourly expected & y^e pains have gone on for 24
may even 30 Hours (as is a long time to wait)
(when

when the bystanders expected the Delivery 49
every moment, & should the Child be dead or any
ill befall it, all will be attributed to your not
delivering sooner. Remember always to be
certain of a second Child before you pronounce it,
as sometimes we may be deceived by the Ma-
centa, for when it comes down in the centre of the
Pelvis it seems like a bag of waters as if there
was a second Child. Dr. Wmellie has a
particular Paragraph in his system on this
Subject where he says, "If the Placenta comes down
centrically he would introduce the hand & push
up the anterior part & bring down the posterior."
but there is no occasion for this. He is likewise
of opinion that the Placenta separates at y. 10 or
11, if it is floodings would be more frequent.
He was mistaken in the manner it came away.
It separates first in the Middle, as the Blood
pours out at the sinuæ & then it separates
~~at the~~ from the Uterus where it sticks. It is from
the Cervix to the Uterus where the Placenta
is most thick & strong.

Lecture 8th

Lecture 8th On the Use of Instruments
 Here we consider laborious Cases we are those
 where the Head remains a considerable time in
 the Passage without making any progress to
 delivery. In these Cases Smellie recommends
 the Use of the Forceps. We shall first take notice
 of the different Forceps & their improvement.
 The Forceps is supposed to be the secret.
 Chamberlain so long boasted of & was afterwards
 revealed by Chapman who made some im-
 provements on the Lock, & part by reducing
 the Blades to a shorter length. Smellie pro-
 ved them to be made yet shorter and covered w.
 leather w.^{ch} prevented their making a Noise &c.
 Being shorter they are not so liable to
 do mischief. They can never be applied
 to advantage but w.^{ch} the head is low down
 in the passage & then they are of a suffi-
 cient length. The Use of Fillets is
 unnecessary as if Forceps will conquer
 all their intentions. Several Cases
 may be productive of laborious Cases
 as Anxiety Grief &c. w.^{ch} affect the La-
 bor & remove y^e hairs. The rigidity of y^e
 os externum & internum is another Cause
 Smellie recommends scooping here
 but I think this bad practice for instead
 of thinning or dilating the Parts, they
 will by this means become

become thickened & rigid. When we are called
to a woman in this Circumstance, we should
endeavour if she has asked opinion of us &
tell her tis not yet her labor & if you will
order something to be of service to her, by this
Method procure rest & repose, & when you return
you will find the Parts soft & if since op-
ening & by gaining this much ground, you
may safely moderate it her true labor &
you will find it gain more regular as if scop-
ing had been done. — Face presentations
are another Cause but in general they will be
easily delivered by the natural Powers, much
Damage is done by using the Forceps too
soon the Violence is of a diff. opinion
Childbirth Pelvic is another cause of laborious
Cases. For this too incredible how nature
will assist in bringing down the Head if it vents
pointed. But if faintings cold sweats fits
languid pulse intercede we must then
assist wth the Forceps. A too great ossification
of y^e Childs head as it prevents y^e Bones
from yielding, are forced down into the Pelvis
as an Hydrocephalus (as the waters may
distend the head, that it cannot possibly
pass down unless discharged) will also
be productive of hard Labors. Deliverer
advices in laborious cases to let them go
or gently promoting rest & quietness &
(not)

52 and not to examine often, this is the best
Practice. General Rules for
applying the Forceps. We are never to sit
down to deliver till we're satisfied of the situa-
tion of the Parts beforehand. When they are
sufficiently dilated let them if rigid be anoint-
ed with soft Ointment. In examining to feel
for the head, feel for the vertex, the lamboid, su-
ture, Fonticell, Nape of the Neck &c. &c.
If you find the sacrum is not felt & the Head
has not made the turn & you cannot get up
on one side of the Pelvis as well as on the
other, you may conclude the axis is on
that side so that the face must be on the re-
verse, we ought to be known before you
turn the child's head if you may not turn
the face upwards, the pubis. If you in-
troduce your finger on an imaginary line
of the axis of the Pelvis you feel the Os
Iliacorum, it is then to be feared
the Pelvis is too narrow, & if on examin-
ing with your finger under the pubis, it meets
with any protuberance, you may con-
clude it is certainly so, and that nature
cannot deliver alone, the Use of the
Instruments is therefore here absolutely
necessary. In applying the Forceps, first
grease the Os Sacrum, then introduce your
Finger as high as the ear if you can
(at least)

at least if possible within the Of. Time & otherwise ⁵³
you'll catch hold of it wth Bladder & tear it, then
introduce one Blade of the Forceps with an easy
wriggling Motion holding them as their
form may ans^r the form of the Parts. If you
meet with any obstacle at y^e Os Intermum or
any where else, withdraw it & try again.
When you have applied one Blade fix the other
opposite in the same Manner, always
continuing them till the locked part are with
in an inch of the Head. Now you lock them
take particular care you don't include any
of the Hair, Nymphæ, or any other part of the
Woman w^{ch} w^d always give great pain if not
lacerate the Parts. Remember to fix the
Blade opposite the disengaged Hand & apply
the other over it by this method they are
easily locked. Observe never to apply them
till you find the ear under the Pubis, &
then you will be certain of Success, where-
as if you apply them sooner you might be
foiled & you run a great risque of hurting the
Mother. In a Pelvis not above 2½ Inches
the woman will never be delivered by the
natural pains, therefore in a narrow Pel-
vis or large Head we must not turn the Child
as we will have as much trouble or more
to extract the Head after the body as before
it. We must never open the Head till
(we.

5th we have given the curved Forceps a trial, where there is a chance of the Head's coming down whole or alive, otherwise it is improper. The Mode of applying the Crochet is either on the inside or outside of the Skull, the Moment you apply it to the upper part of the parietal bone it will give way. The Method I use the blunt hook is by placing it in the Eye or Mouth by w^{ch} means I get the Basis of the Skull away.

In y^e application of the Forceps we sh^d al-ways observe to apply them with the curved part to the os Pubis. In suppression of Urine, we sh^d try all the different positions of the body w^{ch} will frequently remove them. The Urine should not be suffered to remain in the Bladder, longer y^t 2^o 3^o Days for should it rise above the Pubis it is both troublesome & painful. If it is caused from a pendulous Belly it will be relieved by a Bandage rato medio y^e Abdomen from the 4th to 6th Mo. of pregnancy.

(Lecture 9th)

55

Lecture 9th On the Machine. first Case.
The Vertex present? lay down wth y^r face in
y^r hollow of the Vacuum, the patient general-
ly lying on their left Side, with proper assist-
ants to support her Throes, apply the Blades
of the Forceps as before directed, one toward
the left Oscheum, the other to the right, keep-
ing the Handle back to the Perineum.
The Blade of the Forceps ~~as before directed~~
of the left hand is always to be brought over
the right, or you will be disappointed in
locking them. In this case the Blades
are applied along the Side of the Head to
the ears & point on y^r Chin. After the
Forceps are secured & wth she has any
pains coming on, move gently from
Blade to Blade & extract very slowly, don't
do that in 3 or 4 minutes, wth nature
requires an Hour. If it is slow
down y^t you cannot get on the Forceps &
you are in any doubt of its Situation (tho' of-
ten apply the Forceps in this Case without
moving up the head, wth unless jam'd in
will frequently return it self) apply your
thumb on the Vertex & move it from
Pubis to sacrum, pushing it up at the
same times by which we gain room
enough. In all deliveries, Take care

It particular care to support the perineum well while the Head is coming out especially in an aged woman after her first Child as there is very liable to be torn When the Vertex is disengaged, incline the shoulders forward, in order to bring it out in the axis of the pelvis & delivery. If the feet is too high you had better stand up as it will facilitate its Extraction.

Lecture 10th. The second Case.
The Vertex presenting with its Face to one of the Osia, one ear to the pubis & the other to sacrum & the head higher up as in the preceding case with the brim of the Pelvis. To know this presentation we must examine carefully to find w^h side the Face is to, by introducing the forefinger under y^e Pubis for y^e ear, if next towards the ear being smooth that the finger easily slides over it, but if you bring your finger from the back part of y^e head forward the ear will rise, before it by w^h we know the position. But we ought always to be very careful in determining the Presentation for when the
(Vertex

54
Vertex presents if you apply the Finger
either to the inferior or superior Part of the
ear you will find it rise before your Finger
tho not so large as the posterior Part w^{ch}
may deceive you but by moving your fin-
ger round it or over it if you can you may
be satisfied of the Position. If y^e Scalp is
not swelled you may feel y^e occipital bone
over the Parietal, but if y^e scalp is swelled
you can neither find the fonticella nor
the Lambdoidal suture. To satisfy your-
self more clearly if all y^e signs are un-
certain, the woman is to be laid on one
side supposing her before on her Back &
the Hand to be introduced of the face & to be
distinguished as you can best apply the
Forceps in that position. If you meet
with any obstacle in applying y^e Forceps
retract them & try gently again by in-
clining the Hand less backward as at
first. W^h you have introduced them
hook them & tie y^e Handles together to keep
them from slipping, then return the wo-
man on her Back, taking care her
breach be over the bed, or else the
Forceps

Forceps may do much hurt then move gently from blade to blade, but take not too great a sweep as it may cause ~~too great~~ an inflammation of the os internum, especially the anterior part which with the urethra must be pressed against the pubis. Suppose the vertex is to the right side of the pelvis the patient is to be laid on the right side after wards dilate the os internum, & go up into the hollow of y^e sacrum & apply the forceps as before directed, then move from side to side keeping the handle low, examining the vertex as it comes down, w^{ch} disengaged from the Ischium turn it under y^e pubis wth y^e face to y^e hollow of the Sacrum. If you can do it, extract the head a little lower, and take care it does not come all at once diagonally, then try again to turn the face to hollow of Sacrum, you are now reduced to 1st case and extract accordingly.

Lecture 11th Third Case 39

The Fontinella presenting wth its face under the pubis and the vertex to the sacrum generally wth the fontinel presents the face is to the pubis but very seldom to the sacrum. The latter case I never saw but once wth was wth twins, the head was extremely small therefore it was no matter in what way it came down.

Sometimes this presentation is different the fontinella may not be exact in the middle of the passage, but nearest to the pubis of the two the Vertex is lower down and rather presenting.

Writers in this case advise turning the child but this rule is fallacious, for we have seldom an opportunity of knowing whether the fontinella presents till it is low down & then it will come very easily. I never had occasion to turn wth the fontinella presented, the best rule is wth the fontinella goes present exactly in the middle of the passage towards the Coccyx to let it come down in the same

60
same direction which will be most com-
monly effected by the natural pains - but
if any particular symptom happen it will
be necessary to dilate the Os externum,
& apply the blades under, Ischium.
When they are locked move from blade to
blade, keeping the handles back towards
the perineum, to prevent the face from
being compressed against the blades -
proceed slowly & frequently examine whe-
ther the chin is disengaged from pubis,
if it is raise the handles with great
care to support the perineum & bring
out the head according to the axis vaginae.
but be sure not to raise the handles till
the chin is disengaged for if you do you
will not only lacerate the perineum but
break the jaw of the child - In all for-
tunate cases w^{ch} they do not come down in y^e
same direction, observe to make the
mechanical turn (i.e) to push y^e head
to the brim of the pelvis & reduce the
largest diameter of it to the brim &
bring it down with the ears to the section
of pubis & deliver as in y^e 2^d case

second case - When the fontanel is near the⁶¹ pubis & the vertex is lower, in this case having applied the forceps we should endeavour to make the mechanical turn bringing the Vertex under the pubis w.^h is the method nature requires.

Lecture 12th On Face Cases.

These are divided into three species, 1st The face presenting w.th chin to the, Side of the pelvis. 2^d When the face presents with the chin to the sacrum; 3^d When the face presents w.th the chin to the pubis. In all these cases the best practice is to turn in general if called in time before the uterus contracts, but - if the labor is going on the best rule here as in laborious cases in general is to have patience before the head is come down within the brim of the pelvis - Then if she has any bad symptoms we may use the forceps and extract, tho' if nature is left to herself she will in general do the business. In a narrow pelvis tis best to turn if called

called in time, or reduce it to its natural situa-
tion for wth the face, offers we can seldom open
the head to let the brain out. In a grad-
ual measuring from pubis to sacrum 4 or 5
Inches the woman will be delivered by
Nature. If the face presents & y^e canal be dis-
covered in time, & the O^f time sufficient-
ly open, the most desirable ~~method~~ is to
break the membranes & turn the child -
but tis a disagreeable circumstance when
the membranes break before the O^f time is
well opened as is often the case from an
irregular surface w^{ch} retards the labour greatly.
The O^f time dilates then, but very slow
and wth more pain of w^{ch} by y^e Membranes.
In such a case, a forced dilatation must not
be attempted unless the symptoms are
very urgent. I recollect a case where a
M^r Charvillat of Cavendish Square was
called by a midwife to deliver a face case
w^{ch} unfortunately happened to be his
first - he proceeded to dilate the O^f time
by ~~proceeding~~ ^{proceeding} but with all his force, he could
not get his fingers as high up as his
kneecap.

62
knuckles, and failing another was called
in, & he, thinking there had not been
force enough used, encreased it, but after
failing in this attempt he sent for Dr.
Smellie & Barnard to share the blame,
Smellie s^d he had never failed in such a case
& proceeded to dilate the parts by scoop,
but here he found himself deceived. af-
ter trying above an hour the woman died.
I am now well satisfied had the labour been
suffered to go on of itself the natural pain
would have opened the Os tinea, & in all
probability every thing would have proceed-
ed happily — There is not great diffi-
culty in dilating the Os tinea, after it
has been opened by the bag of waters, as
it is not so rigid & of consequence, gives
no great resistance.

Ch. Lecture 13th First Face Case

The face presenting with the chin to the pubis - first dilate the Os externum with the hand well landed, very slowly, then (the woman placed in a proper position on her back) extract leisurely with the forceps applied to the sides & keeping the handles as much as possible back, till you get out the chin, which being disengaged from the pubis, raise the handles upward, and proceed to bring the head out in the half round turn to save y^e perineum -

Lecture 14th May 2^d face Case

The chin to the Os sacrum, the woman lying on her back, the forceps must be applied with the handles inclining backwards as much as possible, otherwise they will slip towards the Nape of the Neck & render the operation tedious & difficult. In extracting you endeavour to bring the head down in that direction, & if you meet with much resistance push it up and turn the face to one Side, and when the chin

63

Chin is disengaged from under the Ischium it may be turned up under the pubis - then the same rule is to be observed as in the preceding case, this is the most difficult face case the nature will sometimes deliver the child in this situation. The mechanical method of delivery may be observed in all these cases, in this more especially.

Third face case - The chin to the side of the pelvis. In this case before the forceps are applied, it will be necessary to know which side the face is to as the head is to be turned into the hollow of the Sacrum, on that side which may first be known by its not being filled, as the other is by the vertex. But if that does not give satisfaction it will be best to feel for the ear under the pubis - The woman is first to be laid on her side the parts disinfected with the hand, & the first blade introduced in the sacrum, the other under the pubis wth great care, lest any part of the woman be engaged in y^e forceps. they are then to be tied wth a garter & the woman to be put in a proper posture.

66
posture. — If the head is very high the
curved forceps are the best, but the handles
must be kept back to prevent the blades
from hurting the sacrum. — Where the
natural pains deliver in these cases they
are generally very tedious.

The uterus is liable to get a very disagree-
able situation from some sudden shock or
jerk, in such cases introduce the finger
up the Vagina & endeavour to reduce it to
its former place. — If it should produce
suppression of Urine, after drawing it
off 2 or 3 times & relaxing the bowels by
Clysters the reduction may be attempted
with the finger &c. Anura. — But if this
fails the hand must be introduced into
the Vagina & thus reduce it —

Lecture 15th Preternatural Labor.

Preternatural cases are divided into three. The first is w^h one of both feet breech or knees present - the second is flooding or anything that renders turning necessary, & the third is w^h the superior parts present as the head with the Navel string, Neck, shoulders arms &c. In flooding cases it is necessary to know w^h foot presents, w^h is discovered by y^e great toe. - It is best to bring down both the feet at once if possible, but if one presents w^h the other up to the belly, it may be extracted in that manner. In all preternat. Cases w^h the Nape are brought beyond the Perineum, the fore part of the Child are to be brought to the back of the Mother &c. If you find a resistance in extracting the head, as its greatest diameter is towards the smallest of the Pelvis, the hand must be introduced and the head turned toward the side. In all Breech cases except when the Child is very low or when the legs are up to the Brest with the Belly to that of the mother, it is to be pushed up and the toes laid hold of and brought down in the easiest direction. —

The breech presenting with the fore parts to that of the mother, if the legs are up to the breast, and the funis not engaged the pelvis well formed the child may be suffered to come away in that situation and the four fingers hooked to the thighs to facilitate delivery. If this should at any time fail, recourse must be had to the Whunt hook. In a narrow pelvis when the head is in danger of being left behind — The curved forceps may be applied, and if this Method fails the Crutchet must be used — And with the assistance of another person the body and head may be brought away together —

Premature
 Sect. 16.th *Prætermatural Births*
 In this we consider the operative part. In all flooding cases where the woman has lost a large quantity of blood has pains at times in her head with giddiness face pale & wan, slight faintings, of time a little opened but no labour pains, & she is still bleeding, all methods proving ineffectual, we are to pronounce the case dangerous & prudent-ly to

to disclose it to her Friends:— proceed then
to delivery for it is absolutely necessary, if
pains come on in the time & gradually in-
crease the woman not losing much blood
we may suffer it to go on & nature will fre-
quently deliver herself. If the Os tin-
ca is greatly dilated tis a bad Sign, as it
shews that the woman has lost too great
a quantity of blood, her strength is impaired
& her habit in general so much weakened
that delivery w^d rather tend to hasten
death, in this case it behoves us to con-
sider the concomitant symptoms before
we attempt it & if her fate seems inevit-
able rather let it be imputed to the
right cause, (ie the labour) than to you
as in all probability it would were you
to deliver her. It is always a desir-
able circumstance (if called to a woman
under such symptoms) to find the Os
tinca dilated so as to admit one or two
fingers & giving way to a little force, as
then we may dilate it & go up & then—
The best way of dilating is to go up with
one finger then another &c. in the most
gentle manner. The greatest resistance
will

Will beat the collum uteri. When the knuckle
comes at the Os tinca. we always find success-
by withdrawing them resisting a little & then
work again. Repeat this process till
you find the resistance quite overcome &
your hand easily admitted into the uterus,
the Os tinca sufficiently dilated for y^e head to
come out. Then break the membranes
immediately, push up for the child that you
may stop the waters with your hand by w^h
means you will turn more easily & comen-
bring when your hand is introduced
never to withdraw it without bringing down
the feet lest the waters run out the
uterus contracts round the body of the
child as then there will be great difficulty
in getting up to the feet & much greater
in turning & extracting by the feet. Rest
a little while & proceed again slowly.
Take twenty or thirty minutes to deliver
& at the same time let an assistant press
upon the belly of the Mother so as to
make an equal pressure to that of the
child that the uterus may have time to
contract & that the flooding may be di-
minished - at the same time it will

will be proper to supply the woman
with jellies cordials &c to enable her to
suffer the discharge. If the flooding sh^d
be diminished after delivery let her
rest & wait for nature to expel the pla-
centa w^{ch} generally happens very
soon. If the flooding is violent you
must extract it & bring away gently the
grosser blood. In all cases it is prudent
to let nature go on if the pains are vio-
lent, but if there are no pains, flood-
ing & the O. of time, open we must de-
liver. In most flooding cases the Placen-
ta adheres to y^e. O. of time. The nearer
the woman is to her time in floodings
the more danger as the diameter of the
Vessel is increased & consequently more
blood lost by giving time. If the pla-
centa adheres to the middle of y^e. O. of time
I would advise gently to introduce one
finger after the other, but if the flood
is slight & the O. of time not dilated
it is best to wait a little, till it becomes
soft & then pass it slowly for fear of
lacerat

72 Lacerating - Moodings from Ruins are
commonly instantaneous, therefore the
most dangerous, here forcible delivery is
necessary - If there are twins after the
delivery of the first wait some time before
the second is delivered, If there are no blood-
ing support the patient with cordials
& nature will most likely be sufficient.
If before the Membranes are broke you
can distinguish the leg Arm or Junct
swimming in the waters break the
Membranes & turn as above. In
these dangerous cases tis prudent to
inform the friends of the patient of
them & to consult some established
Practitioner.

Lecture Vth On Twins

It is a general rule after delivery before the
extraction of the placenta to examine with
the hand on the Abdomen the state of the U-
terus, as sometimes feels soft and at o-
thers hard as a foot ball just above the
Of pubis, but if it is hard & extended
(above)

above the Navel we may conclude there ^{is} another child. In twin cases sometimes the first child presents right and is delivered by the natural pains, but the second presents wrong & is to be turned & ~~brought~~ ^{brought} away by the feet - If having waited twenty or thirty minutes & no pain comes on we should proceed to turn - but it will be necessary for an assistant to make a pressure on the ~~abdomen~~ ^{pelvis} lest the woman should faint, and die immediately - Women after delivery lose a quantity of blood & the coagulum thrown off by the uterine contractions cause the after-pains - The lochia continues to show two or three days after delivery & afterwards becomes ~~serous~~ ^{good}, at this time the women call them the green waters - In luxuriant women this discharge continues three weeks or a month - In delicate women it will be dangerous to take away the placenta till the uterus is contracted & when it is, it feels like a hard ball above the Os pubis; nor is it advisable to be

Not to be harsh in the delivery even in a robust constitution, but wait till the rapidity of the circulation caused by the labor is abated, lest a flooding should ensue. When the os ~~terica~~ ^{terica} is contracted, if the placenta is not delivered, we must introduce the hand to dilate the passage.

Lecture 10.th On the narrow Pelvis.
Where a pelvis measures less than three inches from pubis to sacrum, it is impossible for the natural pains to bring forth the child, therefore the use of the instruments in this case is necessary, it is likewise necessary to let the labour go on till the head is quite engaged in the bones of the pelvis, or the uterus is contracted as to prevent the head receding when the forceps are applied. If the pains are violent the labor must not be permitted to go on so long as when they are weaker, for the pressure of the head being very great may bring on an inflammation.

75
-ation & perhaps a mortification of the parts.
It is very agreeable when the vertex or any
part between the anterior and posterior fontanelle
presents for when the parts of the parietal bones
present there is danger of the face's falling into
the passage, w^e would make it y^e most
difficult case - here both the blades of the
crotchet must be used and applied to the
Vertex - before we begin to operate we
must carefully distinguish the presentation
that if the face or any other part present
we may reduce it to y^e vertex case -

When the child lies across the uterus, y^e
stimulus will chiefly be to the sides of the
pelvis - As the contraction will be, very con-
siderable, we must try to reduce y^e child to
its natural situation. - I recollect an
instance where the Pelvis was but an inch
& a half from pubis to sacrum & yet after the
head was opened, the bones wrapt over
each other & the woman w^t some assistance
was delivered by the natural pains.

It will never be prudent to turn in a narrow
pelvis nor apply the forceps till the head
is within

La Motte

Let Woot's scissors w^{ch} of a sufficient length
are the best instruments for opening the head,
the operation to be performed in y^e following manner
first introduce the left hand well assisted into
the passage & conduct the point of the scissors
along the palm of it to y^e part of the head we
present, directing them wth y^e finger that the
points do not slip between the scalp & the Crania
m. then gradually drill a hole in the skull
withdraw the hand a little then open the scissors
wide, return them in a contrary direction shut
and open them again so as to make a crucial
opening & then shut & draw them. If the
brain should not come out freely scarp them
out ^{with} the smaller end of the blunt hook or with
one end of the forceps. — Now wait an
hour or two for pains w^{ch} will gradually
come on and give great assistance.
Remember to leave the scalp scraped over
the bones that they may not hurt the Ulcers.
If no pains come on the hand must be
introduced to lay hold of the bone within
side of the skull in order to extract them.
If the hands are insufficient the curved

77
forceps may be tried as they lessen the head
and we can use more force wth them they will
frequently succeed - If these fail the crotchet
it must be used but this will seldom be
necessary if the head has been sufficient
ly opened & the texture of the brain de-
stroyed - When you use the curved
crotchet introduce the hand as before
then slide it along the palm of the hand
with the concave side towards the facies
- That it may not hurt the uterus, fix
it in a proper place, such as the os petrosa
et Maxilla inferior &c. & sometimes both
crotchets must be used, if so lock them in
the same manner as the Forceps -
In working with the crotchet use very
little force. - When the body of the child
is delivered & the head left in utero too
high to be expelled by the natural pains
recourse must be had to the crotchet
When the head is large and the pel-
vis narrow the scissors must be made
use of to open the head If it rolls
(about

about in the pelvis, an assistant must
 press upon the Abdomen to keep it steady.
 If this pressure is not sufficient, the
 cratchet must be applied, one or both
 blades to keep the head firm in its
 place - When the woman is exhausted
 by fainting or violent bleedings, we must
 try every method to extract the head as
 soon as possible, always remembering
 before we apply the cratchet to endeav-
 our to get the head open w.th scissors -

(The con -

The concluding Lectures.

On the treatment of lying-in women and the management of children during the Month — In regard to the caesarean operation, every particular belonging to it may be found in Keister's Surgery —

If ever you are called to perform it, remember that the intestines lie between the abdominal muscles & the uterus and we must be very cautious not to wound them.

On the Prolapsus Uteri.

The most common cause of this is the woman getting up too soon after delivery before the ligaments have recovered their proper tone. Rest and keeping the body supine will prove the greatest benefit. Prolapsus is very difficult to reduce and using force causes much hurt. — It is best to let them alone a little while and wait a more favorable opportunity. If there is an inflammation we must remove it before we attempt the Reduction. (The

80
The women themselves often reduce them
better than we do. When it is reduced a
pessary must be applied to prevent its
falling down again. Astringent so-
mentations are also used. The wooden
pessary will do very well and may be con-
tinued for many years in the vagina.
These made of cork, wax, &c. are lighter than
wood but are very spongy and not so good.
We sh^d. first try a small pessary as it would
give less pain. If we meet with much
resistance in introducing it, we must by
altering the woman's position (by raising
her back) try to render the passage more open.
The pessary introduced according to the
axis vagina with one edge towards the
perineum. Observe to anoint it well with
pomatum. If it should give much
pain take it out and try another. Never
be in a hurry or use much force lest you
injure the parts & an inflammation be
brought on w^{ch} may produce bad
consequences.

{ On flooding after

On floodings after delivery

There is always some blood left after delivery about $\frac{3}{4}$ or $\frac{1}{2}$ - If there is some little bleeding after it and the patient is plethoric, it is of service, but if the pulse sink from too copious a flux of blood or faintings intervene, it claims our most serious care.

When the uterus is contracted like a hard ball above the pubis, there is little danger of flooding if the placenta has not been forcibly taken away - Floodings

after delivery may happen from hard labour violent separations of the placenta and from extraneous body left in utero - From a plethora or debility - In both these last cases we should

not be in a hurry to bring away the placenta - Floodings from debility are the most dangerous as the blood flows from pten. Riva - here

is improper to introduce y^e hand to separate the placenta from the fundus uteri - We ought to supply the woman wth broth jellies & by waiting an hour or two for the contraction of the uterus, the placenta will be brought away with ease & safety. Extraneous body (such

such as a portion of the placenta or a coagulum of blood should be left to be expelled by y^e natural pains & the hand must not be introduced unless there is dangerous floodings.

Floodings coming on when no violence has been offered are extremely perplexing.

Ligatures to the joints, wet clothes to the loins, parts of generation, Temple &c. are of service. A sponge dist in a styptic liquor, & thrust up the vagina, keeping the legs close (and directing her to lie quiet may be tried but we must not expect much from its use. Floodings will not cease till the uterus contracts & closes the os uterum.

On the Inversion Uteri.

This may happen from too much force being used at pulling at the funis. This generally proves fatal. If sent for in time return it observing not to have any part of the fundus engaged in the Os uterum. Very delicate women should be delivered in bed. If the patient proves weak from blood, faint, &c. remove the wet clothes and let her lie still till perfectly recovered.

(On After Pains)

On after pains —

After delivery the nurse give nutmeg
the french Capillaire wth some preserpts
the spermæti draughts, If there's pain
give a few drops of \mathcal{R} . Thebaic unless
the patient is hot and feverish, or active
and tie the first child. When a woman
has had several children, the after pains
are very troublesome, the use of opiate
are then proper. Formerly it was
the custom to roll the abdomen but the
brood sheet is now used & is far prefer-
able — The after pains of weak hyster-
ical women generally proceed from blood
got from the sinuses, whence it forms clots,
and the uterus expels them — These are
generally salutary the first twenty four
hours — \mathcal{R} . Thebaic may be given in small
doses, if the pains continue, longer there is
danger, & a bladder of warm fomentation
should be applied to the abdomen — Also
Blisters and diaphoretics if required —
Rad. contrayerva & sperm. cet. may be
given. Sometimes the pains proceed
from the last mentioned disorder —
Too much care cannot be taken for two

84
or three days after lying in, the patient is
apt especially in summer time to throw
her arms out of bed & to put the clothes
off her which may occasion much mischief.

On the treatment of the Breasts.
Applications to Breasts are now general-
ly laid aside, all we have to do is when the
woman does not give suck to cover
them with flannel or rub the skin &
not let them be irritated by any thing.
If hard knots form in the breasts they
must be well drawn down till
they are removed - Suppuration rarely
ensues.

On the Diet.
The woman's diet for two or three days after
delivery should be white, or brown gruel.
The latter is water gruel with a portion of
Ale, a little spice, &c.
The former is the same only instead of
Ale use wine. Water-gruel alone
is as good as either. Strong broth
should not be given but that of the chicken
may with safety. No sleep for the first
seven or eight days.

(On y. Lochia)

On the Lochial Fever

The causes of this are either violent affections of the mind such as Grief, Dejection, & drinking of strong liquors, or obstructed perspiration. The symptoms are first a very low creeping pulse, which afterwards becomes quick, and strong, at other times quick & low with shiverings, pains in the breasts succeeded by heat, pain in the side, cough and dry skin, hardness of the abdomen &c. If the fever encreases, the belly becomes tense and swells so very painful that the woman cannot turn in bed or suffer a hot cloth to touch her. If these symptoms become violent for 24 hours there is great danger the uterus inflames & becomes putrid & discharges a fetid sanies.

For the fourth day if not before the fever becomes of the putrid kind & the pains come on in the arms head & thighs, succeeded by a black discoloration of the skin, occasioned by the blood stagnating in its vessels now follow a delirium, symptomatic sweat, stools or colligative sweats, all the viscera are generally affected & about the seventh day the patient dies. Lochial fevers proceeding from affections of the mind generally prove fatal (when

Of When from catching cold & y^e woman of a
good constitution & has but slight pains of
the abdomen & sides & takes care of herself
at the approach of the disorder, there are hopes
she may do well. That produced by obstructed
perspiration is best relieved by spirit. ceti
draughts cum gutt. s. e. l. l. & a few grs of
y^e P. l. b. Contray. giving frequently draughts
of warm diluting liquors — If gentle
breathing sweats come on this method
often succeeds. — Tho' tis an inflamat-
ory disorder it ought not always to be treated
as such, on this acct. U. f. ought to be de-
ferred for the first 24 hours. — Strong women
in their first lying in bear bleeding best —
Tho' the pulse of women who've had
many children be quick & full they
never bear U. f. so well — Nervous
& hysterical women seldom bear bleeding
therefore if ever it be necessary it
should be in small quantities — This rule
shd^d always be observed in these cases, as
it does not appear that diseases of the
viscera in either sex are relieved by U. f.
if bleeding be prescribed after three days
of its approach it is prejudicial — There is
an instance in Italy of a woman that
was bled 13 times — The French bleed
(four

four hours after delivery yet we must
remember it is a very disagreeable operation
for the woman & should she die we would be
blamed for it as they think there is blood
enough left in y. Labour - It must be
acknowledged that bleeding in some cases
has been of the most signal advantage. I have
a good opinion of Nitre but observing so small
a quantity as ʒss goes such one of my patients
is conceivably, I w^d. advise if you use it
not to exceed ʒiʒ in a dose & gradually en-
crease it if the fever goes on so long that -
I formerly used sp. Minder. but now think
that it causes excessive sweats & sometimes
stools. - Warm medicines such as pulv.
amyrh.c. have been of great detriment
to patients - They are scarce ever proper -
Bladders of warm water applied to the
puerpera may be of service -
When putridity is coming on y. patient
seems to be better, this is a most fatal
sign & the utmost skill of the physician
is required to prevent the approaching
storm - As this fever is most fatal
so it is most common in the warm
months - When the patient is very
languid so often going to stool y. I use
e creta cum Alg. Cinnamon, is a good remedy
though

80. Stronger astringents should never be used at first upon the whole you best succeed by good nursing, i.e. keeping the woman warm & promoting perspiration & this is the best Method that has been found out to be of service.

On the Milk Fever.

This may be owing to the same causes as the former. It comes on usually about the third Day & requires ^{usually} the same treatment. The flowing of the milk ought always to be encouraged till the 4th or 5th Day, as then the danger is over & the milk may be with safety dried up. Repellents should never be used as they produce the most fatal consequences. The earlier the Milk fever comes on the more danger is to be apprehended. For relieving the true hysterical symptoms warm medicines are the most proper & bleedings hurtful. At the end of the month gentle laxatives sh^d be given if necessary.

On the Management of Children.

On this subject consult Hoffman Harris and Cadogan. If the child is born bleed either at the Umbilicus or Jugulars. After delivery is the forceps we ought carefully to examine whether any part is hurt as the vagina, penis, and

these are closed sometimes by a
 mucus which requires to be taken away. If
 the Membrane is perforated, an incision must
 be made through it & the lips of the wound be
 kept from uniting by introducing tentes.
 When the passage of the anus is blocked up
 by a thin membrane it may be opened by
 a lancet, but if the rectum seems closed
 higher up, a Trocar is the most proper instru-
 ment — Mole-shot he does come to shape
 in proper time without any assistance.
 The child's limbs will often remain in the
 situation they were confined in the uterus.
 The cure consists in often extending them in
 a contrary direction. Almost all diseases
 of children proceed from acidities in the prime
 and are relieved by Rhubarb & Absorbents.
 Magnes. alb. very good & so to be a new
 born child — Breast milk, however is the
 best remedy, and frequently succeeds when
 every other fails — Nurse's milk is of a good
 consistence when a drop put on the nail neither
 sticks nor runs off immediately but gently
 slides away. The yellow milk is best
 no means to be recommended as its colour
 proceeds from a venereal complaint or
 some other bad disorder (Consult —

90 Consult H. Muller's Annotation
Boerhaave de lacte.

Buffon's table of the different sizes of an
Embryo.

1 month	1 Inch
---------	--------

2	2 $\frac{1}{2}$
---	-----------------

3	3 $\frac{1}{2}$
---	-----------------

4	5
---	---

5	6 $\frac{1}{2}$
---	-----------------

6	8 $\frac{1}{2}$
---	-----------------

7	11
---	----

8	14
---	----

9	18
---	----

W. J. N. S. S.

March 29th AD 1783.

Index.

	Page	Page
Introduction	from 1 to 5	
Structure of the poison	5	9
Route of generation	10	15
Gravid uterus	16	24
Lymphatics attending pregnancy	25	30
Excretion of poison	39	41
Management of them	42	49
Use of the lymphatics	50	52
Proferential poison	57	60
— — — — —	60	72
Gravid uterus	74	78
Amplification	72	74
Structure	79	80
Amplification	81	82
After poisoning	82	—
Treatment of breast	83	84
Diet	84	—
Local fever	84	—
Management of children	85	88
	90	90

30 Consult Muller's Annotations
Boerhaave de lacte.

Buffon's table of the different sizes of an
Embryo



